2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2004
Secretary of State

DOCUMENT# P03000133766

Entity Name: PERSONAL ABILITY CENTER, INC.

Current Principal Place of Business:

413 CLEVELAND STREET
CLEARWATER, FL 33755 US

New Principal Place of Business:

2433 KENT PLACE
CLEARWATER, FL 33764 US

Current Mailing Address:

413 CLEVELAND STREET
CLEARWATER, FL 33755 US

New Mailing Address:

2433 KENT PLACE
CLEARWATER, FL 33764 US

FEI Number: 20-0415154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLON, LUIS
2433 KENT PLACE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: COLON, LUIS
Address: 2433 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764 US

Title: S, T ( ) Delete
Name: COLON, JUDY
Address: 2433 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764 US

Title: D ( ) Delete
Name: WINTEREGG, GREG
Address: 2433 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS COLON P 10/27/2004

Electronic Signature of Signing Officer or Director Date